



PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number 10/002,384

Filing Date October 26, 2001

First Named Inventor Scott J. Swartz

Group Art Unit 2164

Examiner Name

Attorney Docket Number 7840/82952

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client, Star Enterprises, has failed to pay one of more bills rendered by the practitioner for an unreasonable period of time.

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Technology Center 2100

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**☐ Customer NumberPlace Customer Number  
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Scott J. Swartz and Ms. Tamara Alwine				
Address	Star Enterprises				
Address	19200 Space Center Boulevard, Suite 2621				
City	Houston	State	TX	ZIP	77058
Country	USA				
Telephone	281-286-9956	Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23-0920

This request is enclosed in triplicate (including any attachments).

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Name Jon P. Christensen, Reg. No. 34.137

Signature

Date

November 12, 2002

**NOTE: Withdrawal is effective when approved rather than when received.**

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



## Certificate of Mailing

Date of Deposit: November 12, 2002

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I hereby certify that this paper is being deposited with the United States

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